



City of Fort Lauderdale

Finance Department-Utility Billing & Collections Office

100 North Andrews Avenue, Fort Lauderdale, Florida 33301

Telephone (954) 828-5150 • Fax (954) 828-5880

Website: www.ebiz.fortlauderdale.gov/utilitybilling

Office Hours: 8:00 AM- 4:30 PM Monday-Friday

UTILITY SERVICES APPLICATION

INSTRUCTIONS: Please print clearly and complete all sections of the form that apply to you. Submit completed application, documentation and required deposit in person to the above address. If you are the homeowner, you do not have to complete this form. Just present your settlement statement to Representative in the office.

Check one: Tenant ☐ Realtor or Property Manager ☐

Name on Account: _____

Home Phone: _____ Work Phone/Ext: _____

Cell Phone: _____ Other: _____

E-mail Address: _____

*Social Security # _____ *Tax ID# (Business accounts only) _____

***Note:** The City of Fort Lauderdale collects your social security or tax identification number for identification and verification purposes only..

Driver's License State: _____ Number: _____

Have you ever had utility service with the City of Fort Lauderdale? Yes ☐ No ☐

Do you currently have utility service with the City of Fort Lauderdale? Yes ☐ No ☐

If yes, please provide service addresses: _____

Service Address

Street: _____ Unit # (if any) _____

City: _____ Zip Code: _____

Mailing Address (If different from Service Address)

In care of: _____

Street: _____ Unit # (if any) _____

City: _____ Zip Code: _____

Date of legal possession of property: _____

(Management: Provide copy of property management agreement. Rental: Effective lease date)

Date service(s) needed: _____

If a rental property, please mark services you will be responsible for:

(If unsure, please check with your landlord)

Water ☐ Sewer ☐ Sanitation ☐ Irrigation ☐

I agree that the information on this form that I have provided is true, complete and accurate. I understand that I will be billed for all utility services charges at the above address until such time that services are discontinued. I am responsible for paying for the utility services.

THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC

Signature of Notary Public
My commission expires:

City: State: Zip Code:

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